

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** VILLA HOPE (410105)

**Address:** 613 N DIVISION ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/23/1982

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094269      **End Date:** 03/14/2005      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091035      **End Date:** 08/27/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006894    Served 09/29/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	03/02/2005	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	03/02/2005	Yes
83.33(3)(f)3	DOCUMENT ACTIONS IN MEDICAL RECORD	03/02/2005	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
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**Complaint History**

**Date Complaint Received: 08/05/2003**

**Date Investigation Completed: 09/24/2003**

Subject Area(s)

ABUSE  
MEDICATIONS  
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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